

Department of Social and Health Services

DP Code/Title: M2-BC Mental Health Needs

Program Level - 020 Juvenile Rehabilitatn Admin

Budget Period: 2003-05 Version: B2 020 2003-05 2004 Sup-Agency Req

Recommendation Summary Text:

This request is for funding to meet the increasing Juvenile Rehabilitation Administration's (JRA) populations of male and female offenders with severe/acute mental illnesses or significant mental health issues. Statewide result number 8.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	147,000	445,000	592,000
Total Cost	147,000	445,000	592,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	1.8	7.3	4.6

Package Description:

JRA institutions have highly concentrated populations of male and female offenders with severe/acute mental illnesses or significant mental health issues. JRA mental health programs require increased professional supervision, staff training, and support based upon the acuity and complexity of the mental illness of the JRA resident population. External reviews from three separate suicide incidents (1998, 1999, 2001), court monitor exit review at Green Hill Training School (1999) and the University of Washington (UW) Mental Health Services Assessment of 1997, all conclude with recommendations which call for increased professional supervision and direct delivery of mental health services. As JRA begins to implement research-proven rehabilitative services, it is crucial for quality assurance and program adherence to have "expert-level" personnel monitor implementation and directly deliver programs to mentally ill youth.

Currently, JRA has 32 youth who have been on a waiting list for initial psychiatric evaluation for more than one month. Due to the scarcity of psychiatry resources, JRA has been unable to provide these youth with an evaluation within the required one month timeline. In one facility the average wait for an initial psychiatric evaluation is two months. The standard of care also calls for monthly medication monitoring of youth on psychotropic medications. In the past month, 18 youth have not received monthly medication monitoring because of the lack of psychiatric services.

This request provides:

1. Specialized Mental Health Treatment Beds: 60 percent of the JRA residential population is identified as significantly mentally ill and require increased mental health and medical resources. The complexity of cases results in a higher costs per bed to serve youth requiring intensive mental health treatment. The estimated additional cost per youth is up to \$11,700 for residential care and \$9,300 for extended care. As of October 2003, JRA's resident population includes 90 more mentally ill youth than in September 2000, when JRA began the development of its mental health systems design. The severity and acuity of mental health youth in JRA has increased. Compared to September 2000, JRA has 80 more mentally ill youth who have a co-occurring treatment need, such as cognitive impairment or a substance abuse issue. Treating mentally ill youth with a co-existing substance abuse problem or a cognitive impairment requires more staff time than youth with a single disorder. The external mortality reviews from three separate suicide incidents (1998, 1999, 2001), a court monitored exit review at Green Hill (1999), a UW Mental Health Services Assessment (1997), and the JRA Mental Health Systems Design Proposal (2001), all recommend increased professional supervision and direct delivery of mental health services including psychiatry.

2. Psychiatric Consultation: Research from the Washington Institute for Public Policy (R. Barnoski, The Juvenile Justice System in Washington State: Recommendations to Improve Cost-Effectiveness, 2002) states "the cost-effectiveness of certain treatment programs for juveniles requires that practitioners adhere to the program elements and pay attention to quality

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delivery." States such as Colorado and Ohio who have implemented research-based rehabilitative treatment programs have funded increases to the number of psychiatric professionals in order to assure quality of care standards are met. JRA has lacked sufficient resources to provide psychiatric care to all youth on psychotropic medications.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Public Safety will be enhanced by ensuring appropriate mental health services are in place during residence and upon release. The JRA Mission Statement includes, in part, the goals of reducing juvenile criminal behavior by a continuum of preventative, rehabilitative, and transition programs.

Performance Measure Detail

Program: 020

**Goal: 08B Build stronger continuum of care for juveniles & families
 with the justice system**

Incremental Changes

FY 1

FY 2

No measures submitted for package

Reason for change:

A significant portion of JRA's institutional population present a variety of mental health needs. This proposal seeks only to meet the current need based upon external reviews and diagnostic data provided by the Diagnostic Mental Health Screen and the Massachusetts Adolescent Screening Inventory, which was implemented in 1997.

Impact on clients and services:

An adequate level of mental health services is an essential therapeutic component of a constitutionally adequate and successful rehabilitation treatment program. Enhanced mental health services will ensure that youth receive professionally qualified psychiatric care and suicide risk triage.

Impact on other state programs:

None

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

This administration will need to pay incurred costs regardless of funding. Lack of resources will further impair JRA's ability to successfully serve youth in JRA institutions.

Budget impacts in future biennia:

Costs in future biennia will increase depending on average daily population, medical inflation rates, and the potential for increased placement of mentally ill youth.

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Distinction between one-time and ongoing costs:

These are ongoing costs.

Effects of non-funding:

Current funding does not allow the administration to appropriately serve all youth on psychotropic medications. Non-funding impacts each institution on a program wide basis resulting in reduced psychiatric services to JRA youth. Safety of all JRA youth and staff is placed at risk. JRA will incur costs regardless of funding.

Without adequate funding, the health and safety of JRA youth and staff is compromised. Without funding for additional mental health beds, JRA is at great risk of underserving the mentally ill population, particularly youth having multiple treatment needs.

JRA health care accreditation requirements have increased with respect to mental health services and medication administration. Loss of accreditation of health care services could result at JRA facilities, leading to increased scrutiny by oversight and advocacy groups.

Meeting the medical needs of residents is basic to rehabilitative treatment and public safety. The effect on non-funding would increase risks to successful rehabilitation and public safety.

Expenditure Calculations and Assumptions:

See attachment - JRA M2-BC Mental Health Needs.xls

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	58,000	232,000	290,000
B Employee Benefits	16,000	66,000	82,000
N Grants, Benefits & Client Services	73,000	147,000	220,000
Total Objects	147,000	445,000	592,000

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources</u> <u>Title</u>			
0011 General Fund State	147,000	445,000	592,000
Total for Fund 001-1	147,000	445,000	592,000
Total Overall Funding	147,000	445,000	592,000